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MIPR NO: 91MM1581

TITLE: EFFECT OF EMPIRIC LOW-DOSE AMPHOTERICIN B ON THE DEVELOPMENT OF DISSEMINATED CANDIDIASIS IN SURGICAL INTENSIVE CARE UNIT

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Washington, DC 20307-5100

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13. ABSTRACT *(Maximum 200 words)*
Over three and one half years, 28 patients entered the protocol. No subject had any unexpected adverse reaction. No conclusions may be reached regarding the potential benefit of early use of low dose Amphotericin B to prevent dissemination of fungal disease. The progress of this study was impacted by a decrease in the number of patients infected with candida at WRAMC.

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Low Dose Amphotericin B
Candidal Infection

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FOREWORD

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PI - Signature Date

TITLE: Effect of Empiric Low Dose Amphotericin B on the Development of Disseminated Candidiasis in a Surgical Intensive Care Unit

5. INTRODUCTION: The objective was to determine if Amphotericin B in low dose (0.3mg/kg opposed to standard dose of 0.5-1.0mg/kg) used empirically early in a critically ill patient's course would prevent the dissemination of candida infections.

6. The study was prospective, randomized, and single-blinded (to the patient/family), with patients receiving low dose amphotericin B or nothing after obtaining informed consent. Entrance criteria include persistent evidence of sepsis for less than 96 (originally 120) hours, multisystem failure involving two organ systems with evidence of candida at one site (originally did not require evidence of candida), or candida isolated from two sites. Evidence of disseminated candidiasis precludes enrollment due to the need for standard dose regimens.

7. CONCLUSIONS: 26 patients were enrolled in the protocol. The number enrolled is insufficient to statistically draw any conclusions regarding the potential benefit of early use of low dose Amphotericin B to prevent dissemination of fungal disease.

DATE: 6 Jan 1995 **HUMAN USE** WORK UNIT No. 3009

DETAIL SUMMARY SHEET
Fiscal Year 95

TITLE: Effect of Empiric Low Dose Amphotericin B on the Development of Disseminated Candidiasis in a Surgical Intensive Care Unit

KEYWORDS: low-dose, amphotericin B, candidiasis

PRINCIPAL INVESTIGATOR: Whatmore, Douglas LTC MC
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STATUS: Ongoing ( )
Completed ( )
Terminated ( )

DEPARTMENT: Department of Surgery
SERVICE: Critical Care Medicine Service

APPROVAL DATE: Mar 1990
REVIEW DATE: Nov 1994

FUNDING: Current FY: $0 Previous FY: $45,844.87 Total: $

STUDY OBJECTIVE (please limit to space provided)

To determine if amphotericin B in low dose (0.3 mg/kg opposed to standard dose of 0.5-1.0 mg/kg) used empirically early in a critically ill patient's course will prevent the dissemination of Candida infections.

TECHNICAL APPROACH (please limit to space provided)

The study will be prospective, randomized, and single-blinded (to the patient/family), with patients receiving low-dose amphotericin B or nothing after obtaining informed consent. Entrance criteria include persistent evidence of sepsis for less than 96 (originally 120) hours on antibiotics, multi-organ system failure involving two organ systems with evidence of Candida at one site (originally did not require evidence of Candida), or Candida isolated from two sites. Evidence of disseminated candidiasis precludes enrollment due to the need for standard dose regimens.

PRIOR AND CURRENT PROGRESS (please limit to space provided)

No subjects were enrolled during the period 28 Feb 1994 to 30 Sept 1994. The total enrollment is 26. No subject to date has had any unexpected adverse reaction. Benefits have included increased scrutiny for dissemination of Candidal infections. The study was expanded to include the University of Florida, Gainesville (Dr. Stoltzfus 7/94) and Madigan Army Medical Center (Dr. Low 7/94). Approval for a third limb, evaluating fluconazole was also requested. No patients have been enrolled in these studies. Funding approval for MRDC monies was not received by this protocol until mid March 1994. We were without a research assistant 1 Oct 1993 thru 30 Apr 1994 because of this.

CONCLUSIONS (please limit to space provided)

Request to conclude the study 30 Sept 1994. The patient profile has changed with the increased utilization of DNR status and the very strict criteria to enter this study.

To date, no conclusions may be reached regarding the potential benefits of early use of low dose Amphotericin B to prevent dissemination of fungal disease.

Enclosure 1

DATE: 6 Jan 1995 Work Unit #3009

FY95 CONTINUING REVIEW OF HUMAN SUBJECT PARTICIPATION

INSTRUCTIONS: Please answer the following questions and sign at the bottom of the page. **Give an explanation for all negative responses.**

YES NO
[x] [ ] 1. Research files are being maintained by the principal investigator as outlined in the "Responsibilities of the Principal Investigator in Human Subjects Research."

YES NO
[x] [ ] 2. These files are ready to be inspected as part of the continuing/periodic review process as required by Army and other federal regulations.

YES NO
[x] [ ] 3. There have been no new developments in this study or in the literature that might influence subject participation or risk.

YES NO
[x] [ ] 4. The current risk/benefit ratio is about the same (or lower) as when the study was first approved.

YES NO
[x] [ ] 5. You have reviewed the consent form during this report period to ensure its appropriateness (give date of review: _____). The consent form has been revised and updated, if required, to meet HUC/IRB guidelines (see cover memo, para 2.d.)

Signature

for

PROVIDE A COPY OF THE CURRENT CONSENT FORM AND, IF REQUIRED, A COPY OF THE REVISED/UPDATED VERSION.

Enclosure 2

DATE: 6 Jan 1995 Work Unit #3009

FY95 LIST OF PUBLICATIONS

DIRECTIONS: List publications (P), manuscripts (M), presentations (Pr), and abstracts (A) resulting from this study. Please provide **complete** citations.

NONE

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because we are

Striving to Help All Researchers from Planning to Publication

Enclosure 3